



University of
Massachusetts

HANDHELD UPGRADE/REPLACEMENT FORM

Form Use: Used to authorize the upgrade or replacement of a handheld device for UMass President's Office

Date:

Requestors Name:

Department:

Department Location:

Cell Phone (Only if related to request):

Speedtype:

Justification for upgrade or replacement:

Type of Device Requested:

Carrier:

Accessories requested:

Please note that this device is for business use. Monthly charges are reviewed and any additional charges to the University above the standard monthly plan will need to be reimbursed by the employee if due to personal activity.

Devices do not have international service on them and are not to be taken out of the country without written permission from the department head and notification to Julie Kenny so that appropriate international plans may be added when needed. Staff will be required to reimburse the University for any additional costs not associated with a business need.

All devices are required to be password protected and iPhones/iPads should have Find My iPhone installed and activated. All lost or stolen devices should be reported to Julie Kenny immediately. If a device is stolen, please report to appropriate law enforcement and provide of copy of the police report.

Employee Signature:

Department Head Signature:

Requestor

Immediate Supervisor

Title

Date

Title

Date